

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 4
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) PERSON TO PERSON PAC		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00548214 </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee Hertz		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>07</div><div>05</div><div>2015</div></div>	
Mailing Address 3400 S Expressway St		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">250.00</div>	
City Council Bluffs	State IA	Zip Code 51501	Transaction ID : SE.5367
Purpose of Expenditure ESTIMATE: Rental Car		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Michael Flynn		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 18 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Special-Primary	

Full Name of Payee Hertz		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>07</div><div>05</div><div>2015</div></div>	
Mailing Address 3400 S Expressway St		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">250.00</div>	
City Council Bluffs	State IA	Zip Code 51501	Transaction ID : SE.5368
Purpose of Expenditure ESTIMATE: Rental Car		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Darin Lahood		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 18 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Special-Primary	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">500.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

PATRICK J. DAVIS

[Electronically Filed]

Date

 MM / DD / YYYY
 07 / 06 / 2015

Signature